Coversheet Letter April 8, 2016 To: Division of Health Service Regulation after: Suzanna Fay fax no. # 919-733-6592 From: Ramagate family Care Hame FCL03200.
Berbara Copeland, Administrator
Phone no. # 919-360-1300
6 pages 6 pages Hello, Please see the attached Plan of correction All repaires have been completed except the smoke sensor which is on drover and will be installed within three weeks. We are requesting that you grant us an additional three weeks for this installation of the smoke heat sensor as that part needs to be ordered and installation needs to be schedule because this type of install is a half day installation of wiring and conduit placement, Thank you, Dougeoura Epeland Odministrator

PRINTED: 03/21/2016 FORM APPROVED ⊡ivision of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE GURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: 01 FCL032099 03/03/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3676 GUESS ROAD RAMSGATE FAMILY CARE HOME DURHAM, NC 27705 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ίĠ (0.5) (EACH CORRECTIVE ACTION SHOULD BE GOMPLETE DATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) C 000 Initial Comments C 000 Report by Suzanna Fay DHSR Construction Section conducted a Biennial Survey on March 3, 2016 from 12:39 PM to 2:21 PM at the above referenced facility. DHSR records indicate the home was first licensed on February 25, 2010 as a Family Care Home for four ambulatory Residents (able to evacuate and respond without any physical or verbal assistance during a fire or other emergency.) Based on this information we are requiring the home to maintain compliance with the following: the 2005 Rules 10A NCAC 13G for Family Care Homes and the 2009 North Carolina State Building Code = Section 421.2 - Residential Care Homes. At the time of our visit, we cited deficiencies that require an acceptable plan of correction. They are as follows: C 147 Outside Entrances/Exits-Single Hand Motion C 147 SECTION .0300 - THE BUILDING 10A NCAC 13G .0312 OUTSIDE ENTRANCE AND EXITS (d) All exit door looks shall be easily operable. by a single hand motion, from the inside at all times without keys. Existing deadbolts or turn buttons on the inside of exit doors shall be removed or disabled.

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

This Rule is not met as evidenced by:

form of photos, receipts or work orders.

 Observations revealed that the storm door at the front entrance had a deadbolt latch. Have a qualified technician remove or disable the dead bolt. Provide documentation of the repairs in the

TITLE

(XE) DATE

Division of Health Service Regulation (X1) PROVIDEN/SUPPLIEN/CLIÁ SYATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X8) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: 01 B. WING FCL032099 03/03/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3676 GUESS ROAD RAMSGATE FAMILY CARE HOME DURHAM, NG 27705 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX DATE PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) C 148 Continued From page 1 C 146 Outside Entrances/Exits-Free of Obstructions C 148 -SECTION .0300 - THE BUILDING 10A NCAC 13G .0312 OUTSIDE ENTRANCE AND EXITS (e) All entrances/exits shall be free of all obstructions or impediments to allow for full instant use in case of fire or other emergency. This Rule is not met as evidenced by: Observations revealed that the bedroom windows had safety catches which could deter exiting through the window in the case of an emergency. Have a qualified technician remove or disable the safety catches. Provide documentation of the repairs in the form of photos, receipts or work orders. C 189 Fire Safety-Smoke Detectors C 169 SECTION .0300 - THE BUILDING 10A NCAC 13G .0316 FIRE SAFETY AND DISASTER PLAN (b) The building shall be provided with smoke detectors as required by the North Carolina State Building Code and U.L. listed heat detectors connected to a dedicated sounding device located in the attic and basement. These detectors shall be interconnected and be provided with battery backup. Note: Smoke detectors are required to be interconnected by this Rule. The application of the Rule permits the heat detectors to be interconnected with smoke detectors, but does not require it. This Rule is not met as evidenced by: Observations revealed that the facility had two

Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE GURVEY IDENTIFICATION NUMBER: COMPLETED A. BUILDING: 01 FCL032099 03/03/2016 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 3676 GUESS ROAD RAMSGATE FAMILY CARE HOME DURHAM, NC 27705 (X4) ID PREFIX SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION iD (X5) ÇÇMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX EACH CORRECTIVE ACTION SHOULD BE DAT REGULATORY OR LSO IDENTIFYING INFORMATION) OROGS-REFERENCED TO THE APPROPRIATE DATE TAG DEPICIENCY) C 169 Continued From page 2 C 169 attic compartments upstairs. The compartment accessed through the hall closet had a heat detector, but the compartment accessed through the front room did not. Have a qualified technician install a heat detector in the second compartment to provide adequate coverage. Provide documentation of the repairs in the form of receipts or work orders. C 174 Building Equipment Maintained Safe, Operating C 174 SECTION .0300 - THE BUILDING 10A NCAC 13G .0317 BUILDING SERVICE EQUIPMENT (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in a family care home shall be maintained in a safe and operating condition. (j) This Rule shall apply to new and existing family care homes. This Rule is not met as evidenced by: Observations revealed that the toilet in the downstairs bathroom was very loose and had rotated approximately 45 degrees. Have a qualified technician secure the toilet and seal the base to help prevent movement. Provide documentation of the repairs in the form of photos, receipts or work orders. Observations revealed that a section of the porch soffit to the left of the ramp was loose and hanging down. Have a qualified technician secure the soffit. Provide documentation of the repairs in the form of photos, receipts or work ordera. Observations revealed that the rail cap at the ramp landing had splintered and broken off.

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McKeel Development

8506"Meadow View Ln Bahama, NC 27503 US (919) 812-4606 mckeelzach@gmail.com

Invoice



CONSTRUCTION & PROPERTY MAINTENANCE

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INVENTE A	PATE	TOTAL DIE	OUEDATE	7700400	ENCLOSES
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ACTIVITY	QTY	RATE	AMOUNT
31 - Maintenance & Repair	3.50	100.00	350.00
Maintenance & Repair			
		'	
- Install vent cover for dryer vent			
- Reinstall fallen soffit with nails, caulked wooded trim			
 Replaced hand rail and ramp board on handicap ramp 			
 Fixed lock on front screen door to NOT lock (per request) 			
Materials	1	30.00	30.00T
Materials: dryer vent, 2x4 (2)		'	

SUBTOTAL 380.00
TAX (7.5%) 2.25
TOTAL 382.25